

Dear Committee members:

I am submitting the following testimony in support of HB 5499, AAC Regulations Related to Hospice Care and asking for your support.

My 95-year-old mother died in February in our home – in her own bed with her family in attendance, exactly as she wished – and for approximately the last six weeks of her life we were assisted in her care and well-being by the capable and nurturing staff of Vitas hospice agency.

I can not say enough good things about Hospice care: we were offered and availed ourselves of medical assistance through doctor and nursing visits, nutritional advice, home care assistance, social workers, and religious counseling. Sadly this assistance isn't available to all Connecticut residents; but that could change with passage of HB 5499.

Tending to the daily needs of dying patients is a difficult job at best, and the assistance offered to caregivers through hospice organizations and facilities provides a significant respite from these daily rigors. The regulations proposed in HB 5499 would enable dying patients and their families throughout Connecticut to receive full access to hospice care.

The benefits of the proposed regulations include the preservation of the hospital standard set in Connecticut three decades ago, while establishing a regulatory environment that allows for other models of inpatient hospice care tailored to their respective communities.

Considering that the elderly population in Connecticut and nationwide is growing steadily, the ability to provide more extensive hospice care is of major import. The vanguard of the Baby Boomer generation already has hit the 65-year-old mark and each year for most of the next generation the numbers of elderly will increase.

Although the need for specialized care such as hospice has been clearly demonstrated, the delay in implementing these regulations already has negatively impacted patient access to hospice care in Connecticut. In October, the Rosenthal Hospice Residence in Stamford closed because the existing regulations do not allow for hospice residences.

Also, plans to build non-profit hospices in Danbury and Southeastern Connecticut are in jeopardy because the existing regulations do not recognize hospice residences. Our state ranks last in the country in average length of stay for hospice patients resulting in more costly end of life care in acute care settings at a time when cost savings are most needed.

These revised regulations would allow hospices in Danbury and Southeastern Connecticut to build residences with 12 or fewer beds in areas that would be accessible for families and patients to stay in their communities. Please support Department of Public Health in moving the regulations forward to the Regulations Review committee.

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